

DEPARTMENT OF CORRECTION
CITY OF NEW YORK

OFFICE OF THE COMMISSIONER

GENERAL ORDERS NO. 26

December 27, 1973

To: ALL MEMBERS OF THE DEPARTMENT

ASSESSMENT OF SUICIDAL RISKS
IN PRISON INMATES

1. The following Prison Health Services Bulletin, No. 12, dated November 21, 1973, is published for the information and guidance of all members of the Department:

"CITY OF NEW YORK
HEALTH SERVICES ADMINISTRATION
PRISON HEALTH SERVICES

OFFICE OF THE DIRECTOR

P.H.S. BULLETIN NO. - 12 - PSY
To: Distribution A

November 21, 1973

ASSESSMENT OF SUICIDAL RISK
IN PRISON INMATES

The evaluation of patients for assessment of suicidal risk must be based upon a careful history and mental status examination. This should be done by a psychiatrist if possible, but if not, by the general medical or mental health staff available. Numerous factors, circumstances, data and clinical manifestations must be kept in mind and applied to the question of suicidal risk.

The following outlines some of the factors which may be helpful in the clinical assessment of patients in terms of suicidal risk:

A. Statistical considerations

1. Caucasian inmates proportionately present the highest risk, Puerto Rican second, Blacks third:

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	<u>Caucasian</u>	<u>Puerto Rican</u>	<u>Black</u>
Percent of Prison Population	10%	25%	65%
Percent of Completed Suicides	38.5%	38.5%	23%
(Based on time period Oct. 1970 - Sept. 1971)			

2. Most completed suicides occurred within a short time after incarceration (10 of 13 within 10 days, based on Oct. '70 - Sept. '71; 5 of these within 4 days).

3. Suicide rate highest at Manhattan House of Detention and Adolescent Remand Shelter (includes Rikers Island Hospital):

		average	annual	Population
MHD	31.84/100,000	"	"	"
ARS	17.20/100,000	"	"	"
Bronx HDM	9.63/100,000	"	"	"
Bklyn HDM	6.04/100,000	"	"	"
NYCCIFM	4.98/100,000	"	"	"
NYCCIFW	0/100,000	"	"	"

4. Times completed suicides discovered:
(based on figures Dec. '72 - Jan. '73)

4 a.m. - 7 a.m.	4
7 a.m. - noon	4
noon - 6 p.m.	3
6 p.m. - midnight	3
midnight - 4 a.m.	0

5. Peak seasonal rates were Oct. 15 - Nov. 7 and month of February (based upon figures for Oct. '70 - Nov. '71)

6. 46% of completed suicides had known history of previous suicidal behavior (seriousness not known. (Based upon figures for Oct. '70 - Nov. '71)

7. 55% of completed suicides were charged with murder of a family member or lover. (Based upon figures for 20 completed suicides between Oct. '72 to June '73).

8. 91% of completed suicides are by detainees

9. Average age of completed suicides was 27.4 years, median age was 25; range from 17 - 44. (Based upon figures for calendar 1972)

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10. Probably over 50% of completed suicides terminated a suicidal crisis which began prior to incarceration.

B. Clinical Considerations

1. The three clinical diagnostic categories which probably represent highest risk are:

- a) Psychotic Depressive Reaction
- b) Paranoid State
- c) Paranoid Schizophrenia

2. Psychopathology presence of which indicates high suicide risk:

a) Intense guilt and remorse related to actual or delusional act (murder, serious assault, forcible rape especially)

b) Self condemnation and openly expressed need of or wish for or intention to suffer punishment for actual or delusional act as above.

c) Severe depression with or without related symptoms such as insomnia, sleep disturbance, anorexia, and especially if accompanied by "clear expression" of feelings of unbearable suffering which must be terminated and the anticipated relief thereby achieved.

d) Preoccupation with thoughts and/or fantasies of suicide, especially if themes are of violent means.

e) Clear statement of intention to commit suicide which is evaluated by the person examining to be genuine.

f) A well thought out and realistic plan to accomplish suicide.

g) Feelings and/or delusions, content of which relates to:

1. Self-depreciation ("I'm failure", etc.)

2. Feelings of worthlessness ("I'm no good, rotten, evil, - my family and the world would be better off without me")

3. Feelings of burdensomeness ("my life has no meaning - I'm going nowhere")

4. Feelings of burdensomeness ("I'm a burden to my family - only cause them pain - they'd be relieved if I were gone")

5. A joyous reunion through death with a loved person, especially if that person has recently died or upon the anniversary of that person's death.

to determine what the best way is to use your wisdom, and
what the best way is to take care of your health and welfare.

It is a very important thing to do this, and it is a very important thing to do this.

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6. A glorious, ecstatic unification or becoming one with God, the Cosmos, or similar Supreme Presence.
7. Messianic - crucifixion themes; i.e., fantasy or delusion that one is the Savior of the world, selected by God to atone for all sin, and therefore must die.
 - h) Actual, fantasied, or delusional loss, such as:
 1. Family member or other loved person.
 2. The love of a valued and needed person.
 3. Anticipated extended loss of freedom; i.e., a long sentence.
 4. Acute sense of loss of self-esteem such as that resulting in some persons from voluntary participation in a homosexual act or forcible homosexual assault.
 5. Money and/or property - with the belief that life would not be worthwhile without it.
 - i) Auditory hallucinations ordering self-destruction.
 - j) Tormenting auditory hallucinations from which relief is necessary by any possible means.
 - k) Intense spiteful and angry feelings and/or fantasies with clear indication of wish and intention to inflict pain and fix guilt upon a loved person.
 - l) History of suicidal behavior. Acts should be evaluated in terms of circumstances: when, where, how, means used, how nearly successful, plans for rescue, etc.
 - m) Capacity for or presence of rage reaction, accompanied by wish or threat to kill oneself. Many persons within the prison population manifest severe impairment of impulse control accompanied by the potential for severe rage reaction. Since impulsive acting out behavior is limited by the confining and controlling prison setting, anxiety and anger and other feelings usually discharged or dissipated by acting out will build in intensity and lead to rage reactions in these susceptible persons.
 - n) Marked dependency upon and need for person (usually mother) from whom separated; seldom if ever prior to incarceration.

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- o) State of communicational and/or emotional isolation due to cultural factors and/or language incapability.
- p) State of intense fearfulness with paranoid persecutory delusions ("They're going to kill me, they're after me.")

FRANK L. RUNDLE, M.D.
Director of Psychiatry
Prison Health Services"

Benjamin J. Malcolm
BENJAMIN J. MALCOLM
Commissioner

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